

# INFORMATION AND INSTRUCTIONS FOR FILING - EMERGENCY MEDICAL PERSONNEL

Access this form via our website at: [www.hawaii.gov/dcca/pvl](http://www.hawaii.gov/dcca/pvl)

## APPLICANTS ARE SUBJECT TO REQUIREMENTS IN EFFECT AT TIME OF FILING.

### APPLICATION FORM

Use a typewriter or print legibly in dark ink and sign application. Incomplete or irregular applications will not be accepted but will be returned to the applicant. Determine filing deadlines and observe them.

- **Failure to provide all the requested information will delay the processing of your application.**

### REQUIREMENTS

#### REQUIREMENTS FOR CERTIFICATION

In order to become certified, the Board requires:

1. Completion of a Board-approved training program or its equivalent; and
2. **Current** National Registry of Emergency Medical Technicians (NREMT) Certification.

### TRAINING PROGRAM

Currently, the only Board-approved training program is at Kapiolani Community College (KCC). As a result, if you did not attend KCC, the Board may still accept your training program, provided that it is equivalent to KCC's.

To assist the Board in determining equivalency, you and your program director will need to provide additional information. To this end, please call (808) 586-3000 and request the "**Equivalency Form**" for your level (EMT-B or EMT-P) or you may download it from our website at: [www.hawaii.gov/dcca/pvl](http://www.hawaii.gov/dcca/pvl). Click on Medical and Osteopathy.

The instructions are attached to that form. Upon completion of the Equivalency Form, your program director is to submit it **directly** to the Board.

### CERTIFICATION

#### APPLICANTS FOR STATE CERTIFICATION WHO HOLD CURRENT NATIONAL REGISTRY OF EMERGENCY MEDICAL TECHNICIANS (NREMT) CERTIFICATION

Complete the attached *Application for Certification or Examination-Emergency Medical Personnel* **and submit** it with the following:

- A copy of your EMT-B/EMT-P training program certificate verifying completion of a Board-approved training program or its equivalent;
- A copy of your NREMT card verifying **CURRENT** certification; and
- The appropriate fees as follows:

Fees: Make check payable to COMMERCE & CONSUMER AFFAIRS.

If you wish to be certified between February 1, even-numbered year  
through January 31, odd-numbered year, pay ..... \$150  
(Application fee - \$20\*, Certificate fee - \$25, 1/2 Renewal fee - \$15,  
Compliance Resolution Fund - \$90)

If you wish to be certified between February 1, odd-number year,  
through January 31, even-number year, pay ..... \$90\*\*  
(Application fee - \$20\*, Certificate fee - \$25, Compliance Resolution Fund - \$45)

\* Application fee is not refundable.

\*\* Subject to renewal January 31, even-numbered years regardless of issue date.

**NOTE:** One of the numerous legal requirements that you must meet in order for your new certificate to be issued is the payment of fees as set forth in this application. You may be sent a certificate before the check you sent us for your required fees clears your bank. If your check is returned to us unpaid, you will have failed to pay the required certification fee and your certificate will not be valid, and you **may not** do business under that certificate. Also a \$15.00 service fee will be charged for checks which are returned by the bank.

**Additionally**, you will need to:

- Send the *Verification of License/Certificate (AT-05)* **directly** to the state(s) in which you are or were ever licensed/certified (if applicable). Please inquire with that state whether there is a fee that you will have to pay for the verification.
- Send the *Verification of National Registry Certificate (AT-06)* **directly** to the National Registry; and
- If you did not attend KCC, send the *Equivalency Form* **directly** to your program director (see information under Training Program above).

**APPLICANTS FOR STATE CERTIFICATION WHO DO NOT HOLD THE NATIONAL REGISTRY OF EMERGENCY MEDICAL TECHNICIANS (NREMT) CERTIFICATION**

Complete the attached *Application for Certification or Examination-Emergency Medical Personnel* **and attach** the following:

**NREMT  
EXAMINATION**

- A copy of your EMT-B/EMT-P training program certificate verifying completion of a Board-approved training program or its equivalent; and
- The appropriate fees:  
EMT-B - \$50 (Application fee - \$20\*, Exam Administration fee - \$30)  
EMT-P - \$220 (Application fee - \$20\*, Exam Administration fee - \$200)  
Make check payable to COMMERCE & CONSUMER AFFAIRS.

*\*Application fee is not refundable.*

Additionally, **to obtain NREMT certification, you will need to pass the NREMT examination.**

The NREMT application may be obtained from our Licensing Branch, (808) 586-3000 or at [www.nremt.org](http://www.nremt.org).

Complete the NREMT application **and attach** the following:

- All supporting documents required by the NREMT application. (While some of these documents are required with our State certification above, you will still need to attach another photocopy as these will be sent to NREMT).
- The appropriate fees:  
EMT-B - \$20  
EMT-P - \$50  
Make money order payable to National Registry of Emergency Medical Technicians.

**Submit** the NREMT application **and** the Application for Certification or Examination, along with all the required documents and fees, **to the Board** by the filing deadline. **Do not mail to NREMT.** We will transmit the NREMT application to them and they will notify you if anything is missing or deficient.

Upon passing the exam and receiving NREMT certification, State certification fees will be due.

**POSTPONEMENT OF EXAM** is permitted for those who **do not** hold temporary certificates. Submit a written request to the board two (2) weeks prior to the exam date.

**RE-EXAM INFORMATION:** Detailed information regarding re-exams will be provided with your exam results, if applicable. In general, candidates may apply to retake the **written portion** of the exam following our monthly Miscellaneous schedule. Neighbor island administration, particularly in Kona, is not guaranteed. If you wish to take the exam on a neighbor island, please call the Exam Branch at (808) 586-2711 to confirm that the exam will be offered for the exam date requested.

**Non-Licensure Candidates:** Individuals who are not seeking Hawaii licensure but would like to obtain National registry certification should submit a written letter to the Board requesting to sit for the exam.

**EMT-Intermediate Candidates:** The Board is in the process of replacing the Basic level with the Intermediate level (1/85 or 1/99) for Hawaii licensure. Candidates can opt to take the Intermediate exam in lieu of the Basic exam or can take both exams (in accordance with the scheduled dates). Candidates need to complete and submit a state application initially to qualify to take the Intermediate and/or Basic exam.

**TEMPORARY  
CERTIFICATION  
(Exam applicants  
only)**

To be eligible for temporary certification, you must:

- have completed a Hawaii approved EMT-B or EMT-P course of training within 12 months of the date of application; and
- apply for the **first available exam after completing the EMT-B or EMT-P course of training.** (You will not be allowed to postpone the exam.)

Complete Form *AT-04* by filling in your name and address in the BLOCK at the bottom. Submit it with the Application for Certification or Examination. Upon approval, Form *AT-04* will be signed and mailed back to you.

The temporary certificate is valid until the exam results are received. If you fail to take or pass the exam, the temporary certificate ceases to be effective and must be returned immediately. You will not receive another temporary certificate.

## APPLICANTS WITH SPECIAL NEEDS

If you are requesting special testing arrangements due to a disability, call (808) 586-2711 immediately to obtain a Disability Certification Form which must be completed by an approved professional, and submitted preferably prior to your exam application, but no later than the exam filing deadline. Determination of qualification for special testing arrangements will then be made and if so, the type of special testing arrangements to be provided.

No action will be taken to provide special testing arrangements until your exam application has been approved.

## GENERAL INFORMATION

### MAILING ADDRESS

APPLICATION AND ITEMS are to be:

#### Mailed to:

Board of Medical Examiners  
DCCA, PVL Licensing Branch  
P.O. Box 3469  
Honolulu, HI 96801

or

#### Delivered to:

Board of Medical Examiners  
PVL Licensing Branch  
335 Merchant Street, 3<sup>rd</sup> Floor  
Honolulu, HI 96813

Ph: (808) 586-3000

### COMPLETE APPLICATION

**We are unable to take action on an application unless it is complete. Therefore, please ensure that we have received all the documents necessary.**

### LAWS & RULES

To obtain copies of the pertinent laws and rules, send a written request to: Board of Medical Examiners, Commerce & Consumer Affairs, P.O. Box 3469, Honolulu, HI 96801. In your request, please specify that you would like to obtain copies of:

1. Chapter 453, Hawaii Revised Statutes
2. Chapter 85, Hawaii Administrative Rules
3. Chapter 436B, Hawaii Revised Statutes – The Professional & Vocational Licensing Act should be read in conjunction with the above statutes.

- The laws and rules are also posted on our website at: [www.hawaii.gov/dcca/pvl](http://www.hawaii.gov/dcca/pvl). Click on "Medical and Osteopathy".

### DENIAL

If for any reason you are denied the certification you are applying for, you may be entitled to a hearing as provided by Title 16, Chapter 201, Hawaii Administrative Rules, and/or Chapter 91, Hawaii Revised Statutes. Your written request for a hearing should be directed to the agency that denied your application (BME), and must be made within 60 days of notification that your application for a license has been denied.

### ABANDONMENT

Your application will be considered abandoned and shall be destroyed if you fail to provide evidence of continued efforts to complete the licensing process for two consecutive years; provided that the failure to provide evidence of continued efforts includes but is not limited to: (1) failure to submit the required documents and other information and other information requested by the licensing authority within two consecutive years from the last date the documents or other information were requested, or (2) failure to provide the licensing authority with any written communication during two consecutive years indicating that you are attempting to complete the licensing process, including attempting to complete the examination requirement.

### BIENNIAL RENEWAL

All licenses, regardless of issuance date, **are subject to renewal on or before January 31 of each even-numbered year.** A fee must be paid **and** hours of continuing education must be completed to renew.

About 2 months before the license expiration date, a renewal application is mailed to all licensees at their address of record. If you do not receive a renewal application approximately one month prior to the license expiration date, contact the Licensing Branch (808-586-3000) for assistance. To ensure that you receive a renewal application, keep the Board informed of your address. Licenses that are not renewed by the deadline are forfeited and the holders of a forfeited license are considered unlicensed and may not practice. After two years license forfeiture, reapplication is required.

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

APPLICATION FOR CERTIFICATION OR EXAMINATION -  
EMERGENCY MEDICAL PERSONNEL

Access this form via website at: [www.hawaii.gov/dcca/pvl](http://www.hawaii.gov/dcca/pvl)

Read instructions that are attached before completing this form.

Applying for (check one):

- ☐ Emergency Medical Technician – Basic (EMT-B) Certification  
☐ Emergency Medical Technician – Basic (EMT-B) NREMT Exam  
☐ Emergency Medical Technician – Paramedic (EMT-P) Certification  
☐ Emergency Medical Technician – Paramedic (EMT-P) NREMT Exam

Legal Name (First-Middle)

(LAST)

Residence Address (include apt. no., city, state and zip code)

Mailing Address (ONLY if different from residence)

Other names used:

Social Security No.

Phone No. (days)

FOR OFFICE USE ONLY

EXAM:

- [ ] Appl-signed  
[ ] Training Cert.  
[ ] EMT-B - \$50 (\$20/\$30)  
[ ] EMT-P - \$220 (\$20/\$200)  
[ ] NR Appl  
[ ] EMT-B - \$20 MO  
[ ] EMT-P - \$50 MO

CERTIFICATION

- [ ] Appl-signed  
[ ] Training Cert.  
[ ] NR Card  
[ ] Verif of lic. \_\_\_\_\_  
[ ] Fees: \$90/\$150  
[ ] Equivalency Form  
[ ] Verif NREMT

Temp. Cert. Eff.

Temp. Cert. No.

Temp. Cert. Exp.

Temp. Mailed

Cert. Eff. Date

Certificate No.

EMT-B-  
EMT-P-

Circle or underline your answers.

- 1) Are you at least 18 years of age? ..... YES NO
- 2) Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States? ..... YES NO
- 3) Were you ever licensed in Hawaii as a Emergency Medical Technician? ..... YES NO  
If "yes", what was your license number? \_\_\_\_\_ Expiration Date \_\_\_\_\_
- 4) Are you presently a certified EMT-B in Hawaii? ..... YES NO
- 5) Have you completed a Hawaii state-approved training program? ..... YES NO
- 6) If not, have you sent the Equivalency Form to your program director and requested that it be mailed directly to the board? ..... YES NO  
• Provide date you mailed form to your program director: \_\_\_\_\_
- 7) Do you have a current certificate from the National Registry of Emergency Medical Technicians (NREMT)? ..... YES NO
- 8) Are you licensed/certified in another jurisdiction(s)? ..... YES NO  
If "yes", which jurisdiction(s)? \_\_\_\_\_
- 9) Has any certificate or license to practice in any state, city or country ever been revoked, suspended or otherwise subject to discipline? ..... YES NO
- 10) Are you presently being investigated or is any disciplinary action presently pending against you? ..... YES NO
- 11) Are you aware of any derogatory information about you on the file of any licensing/certifying agency? ..... YES NO
- 12) During the past 20 years have you ever been convicted of a crime in which the conviction has not been annulled or expunged? ..... YES NO  
If "yes" to Questions 9, 10, 11, 12, explain details on a separate sheet and attach pertinent documents.

AFFIDAVIT OF APPLICANT:

I hereby certify that the statements contained in this application and the documents attached are true and correct. I understand that misrepresentation is grounds for refusal or subsequent revocation of license (Section 710-1017, Hawaii Revised Statutes).

DATE

SIGNATURE OF APPLICANT

EMT-B: Appl323.....\$ 20  
Exam.....319.....\$ 30  
EMT-P: Appl323.....\$ 20  
Exam.....319.....\$200

EMT-B or EMT-P: Lic.....312.....\$25  
CRF.....324.....\$45/90  
½ Ren .....300.....\$15  
Service Fee.....BCF.....\$15.10

## INSTRUCTIONS TO APPLICANTS FOR TEMPORARY CERTIFICATE

### POSTPONEMENT OF EXAM

An applicant who holds a temporary certificate is not allowed to postpone the exam. If the applicant is not able to take the exam, the temporary certificate is forfeited. Temporary certificate will not be issued again.

If the applicant fails to take or pass the examination, the temporary certificate automatically ceases to be effective and must be returned immediately to the address noted below.

### BOARD'S ADDRESS

Board of Medical Examiners  
DCCA, PVL Licensing Branch  
P.O. Box 3469  
Honolulu, HI 96801

or

Deliver to office location at:  
335 Merchant St., Room 301  
Honolulu, HI 96813

Phone: (808) 586-3000

To apply for temporary certification, fill in the information in the block below. Upon approval, the signed certificate will be mailed to you. Refer to the conditions on the certificate.

AT-04 0504R

..... **DO NOT DETACH** .....

### TEMPORARY CERTIFICATION - EMERGENCY MEDICAL PERSONNEL STATE OF HAWAII

**VALID ONLY WHEN SIGNED BY THE  
EXECUTIVE OFFICER OF THE  
BOARD OF MEDICAL EXAMINERS,  
STATE OF HAWAII**

The person named on this certificate is authorized to act as an: (check one only)

- ☐ EMERGENCY MEDICAL TECHNICIAN-BASIC (EMT-B) ONLY  
☐ EMERGENCY MEDICAL TECHNICIAN-PARAMEDIC (EMT-P) ONLY

until the results of the National Registry are known. If the applicant fails to take the examination or fails to pass the examination, this temporary certificate automatically ceases to be effective and must be returned immediately to the Board.

Print Name & COMPLETE Mailing Address in block below:

TEMPORARY CERTIFICATE NO. \_\_\_\_\_

EFFECTIVE DATE OF CERTIFICATE \_\_\_\_\_

CERTIFICATE EXPIRES \_\_\_\_\_

\_\_\_\_\_  
Executive Officer  
Board of Medical Examiners, State of Hawaii

VERIFICATION OF LICENSE/CERTIFICATE - EMERGENCY MEDICAL PERSONNEL

Access this form via website at: [www.hawaii.gov/dcca/pvl](http://www.hawaii.gov/dcca/pvl)

State of Hawaii  
Board of Medical Examiners

APPLICANT	Name (First-Middle)	(LAST)	Social Security No.
	Address (Include apt. no., city, state and zip code)		License/Certificate Number
			Date Issued
	I hereby authorize the licensing agency of the state or county of _____to furnish the information below to the State of Hawaii Board of Medical Examiners.		
Date _____			SIGN HERE _____

LICENSING AGENCY	This is to certify that the above-named individual was issued license/certificate number _____	
	To practice as an:	<input type="checkbox"/> EMT-Basic <input type="checkbox"/> EMT-P <input type="checkbox"/> Other
	Date issued:	_____
	Date license/certificate expires:	_____
	License status:	<input type="checkbox"/> current <input type="checkbox"/> lapsed since: _____ <input type="checkbox"/> inactive since: _____
Has this certificate ever been encumbered in any way (revoked, suspended, surrendered, limited, placed on probation, currently pending disciplinary action, being investigated)? ..... <input type="checkbox"/> YES <input type="checkbox"/> NO (Please explain yes response.)		
Do your files contain any derogatory information on this applicant? ..... <input type="checkbox"/> YES <input type="checkbox"/> NO (Please explain yes response.)		
COMMENTS:		
Signature: _____		
Title: _____		
State: _____		
Date: _____		
TO THE BOARD: Return this form <b>directly</b> to the Hawaii Board of Medical Examiners, P.O. Box 3469, Honolulu, HI 96801.		

BOARD SEAL

VERIFICATION OF NATIONAL REGISTRY CERTIFICATE

TO THE APPLICANT: You are required to have the attached form completed by the NREMT.

Complete the APPLICANT section and mail to: NATIONAL REGISTRY OF EMERGENCY MEDICAL TECHNICIANS  
P.O. Box 29233  
Columbus, OH 43229  
(Attn: Executive Director)

APPLICANT	Name (First-Middle)	(LAST)	Social Security No.
	Address (Include apt. no., city, state and zip code)		EMT-Basic Certificate No.                      Date Issued:
			EMT-Paramedic Certificate No.                      Date Issued:
	School of Graduation and Address (EMT or EMT-P)		Birthdate
			Date of Graduation
I authorize the NREMT to indicate on this form if there is any previous or pending disciplinary action against my certificate.			
Date _____ Signature of Applicant _____			

NREMT	This is to certify that the above-named individual was issued an NREMT certificate:	
	EMT-Basic Certificate No. _____ Issued on: _____ Expires on: _____ Status of Certificate: [ ] Current [ ] Suspended [ ] Revoked [ ] Other (specify) _____	EMT-Paramedic Certificate No. _____ Issued on: _____ Expires on: _____ Status of Certificate: [ ] Current [ ] Suspended [ ] Revoked [ ] Other (specify) _____
	Has this certificate ever been encumbered in any way (revoked, suspended, surrendered, limited, placed on probation, currently pending disciplinary action, being investigated? .....[ ] YES    [ ] NO (Explain a yes response)	
	Signature _____ Title _____ Date _____	
	RETURN THIS FORM DIRECTLY TO THE HAWAII BOARD OF MEDICAL EXAMINERS, P.O. BOX 3469, HONOLULU, HI 96801.	